



STANDING ORDER INSTRUCTION

To the Manager (Bank's Name) _____

Branch Address _____

Please debit my Account No. _____ **(8 Digits)**

Sort code _____

IBAN _____

My Full Name & Address _____

Tel & E-mail _____

Please Pay to (Beneficiary) **ISLAMIC CENTRE OF IRELAND**

Beneficiary's Account No. **80992086**

Beneficiary's Bank & Code **AIB 93-25-15**

Beneficiary IBAN **IE50AIBK93251580992086**

Frequency **Monthly | Weekly**

Start Date _____

Amount in Euro's _____

Customer's Signature _____ **Date** _____